

CRITERIA FOR PRIOR AUTHORIZATION

Qudexy XR® (topiramate extended-release)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
topiramate extended-release (Qudexy XR)

CRITERIA FOR LENNOX-GASTAUT SYNDROME (LGS): (must meet all of the following)

- Patient must have seizures associated with a diagnosis of Lennox-Gastaut Syndrome
- Must be using as adjunctive therapy
- Patient must be 2 years of age or older
- Must be prescribed by or in consultation with a neurologist

CRITERIA FOR PARTIAL ONSET OR PRIMARY GENERALIZED TONIC-CLONIC SEIZURES: (must meet all of the following)

- Patient must have a diagnosis of partial onset or primary generalized tonic-clonic seizures
- Must meet one of the following:
 - Patient must be 10 years of age or older
 - Patient must be 2 years of age or older and using Qudexy XR as adjunctive therapy
- Must be prescribed by or in consultation with a neurologist

LENGTH OF APPROVAL 12 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE